PROVIDER SERVICE SUMMARY				
PROVIDER INFORMATION				
Name of Provider: East Newton R-VI School District				
Mailing Address: 22808 E. Hwy 86	City: <b>Granby</b>	State: MO	Zip Code: 64844	
Phone Number: 417-472-6231	Fax Number: 417-472-7210			
PRIMARY CONTACT INFORMATION				
Name: Phone Number: 417-472-7210				
Lyle Sparkman 417-472-7210  E-Mail Address				
sparkman1@enr6.k12.mo.us				
SERVICES				
Provider status:  For-profit organization  Non-profit organization		☐ Individual		
Areas to be served by provider:  ☐ All school districts in Missouri ☐ Specific districts or counties. Please list:  East Newton R-VI				
Number of sessions per week: 2				
Cost per session: \$0				
Proposed location of service delivery:  ☐ Student's school site ☐ Provider site ☐ Other:				
If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee? (Note: Districts are not required to provide or pay for transportation).				
Certification of instructors:  ⊠ Baccalaureate degree in education or  □ Baccalaureate degree in related field of instruction. Please list related field(s):				
Additional education and/or experience:  ☐ Masters level degrees or above in either reading or mathematics ☐ Missouri teacher certificated/licensed teachers ☐ Experience teaching students with specific disabilities ☐ Experience teaching LEP students ☐ Ability to speak languages other than English. Please list:  Spanish				
Tutoring subjects available:	Grade Levels			
<ul><li></li></ul>	⊠ K-2 ⊠	3-5 🛚 3-6	-8	
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Time of Service:  ☐ Before School  ☐ After School ☐ Weekends ☐ Summer ☐ Other:	Mode of Instru ☐ Individual Tu ☐ Small Group ☐ On-Line/Wel ☐ Other:	utoring Instruction	ery:	
Specifics of reporting to parents & school (check all that apply):				
Method:  ☐ letters ☐ phone calls ☐ conference with parents ☐ conference with parents & school ☐ other:	Frequency: weekly bi-monthly monthly other:			